



# Trooper Application

## BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States citizen.
2. Must be at least 21 years of age and less than 40 years of age when appointed as a police employee.
3. Must have vision correctable to 20/50.
4. Must possess a valid drivers license.
5. Must be willing, if appointed, to reside and serve any place within the State of Indiana?  
If appointed to the lateral academy, strong consideration will be given to the employee's district of preference. Assignments will be made in accordance with the department's residency requirements and needs.
6. Must have earned a high school diploma or GED.

## LATERAL ACADEMY REQUIREMENTS

In order to be eligible for the Indiana State Police Lateral Academy, you must meet the basic eligibility requirements listed above, in addition to the following:

1. Must have a minimum of three (3) continuous years of full-time, paid, law enforcement experience (sworn or merit) having graduated from a state accredited police academy (entry level law enforcement basic training curriculum); in which, the essential job functions were performed at a satisfactory level or above, as witnessed by the employer or documented by employee evaluations.
2. Must be currently employed as a law enforcement officer or may not have a lapse of employment as a law enforcement officer of more than three years.
3. Non-resident applicants graduating from a law enforcement academy outside the State of Indiana must complete the Indiana Law Enforcement Academy/Law Enforcement Training Board waiver process as determined by the Superintendent.

**All applicants selected for trooper will be required to sign a conditional offer of employment, obligating them to service with the department for a period of four years.**

## INSTRUCTIONS

No exception will be made for anyone not meeting all requirements. Any application for police employment received after competitive examinations start shall be held until the beginning of the next selection process.

The application must be typed or printed legibly in ink.

**Answer all questions. If the question does not apply, state: "none" or "does not apply."**

**DO NOT** enclose your original birth certificate.

It is important that you clearly and correctly indicate your mailing address and telephone number(s). **If you have any changes to the information you provided on your application, you are required to email these changes to the Human Resources Division immediately. Any contact with law enforcement must also be reported.**

**Incomplete applications will not be considered and will be returned to the applicant.** Any misrepresentation of facts on this application will disqualify the applicant.

Do not make inquiries regarding the status of the application; you will receive appropriate information concerning the application periodically. Complete applications will be kept in file for one year from the date the selection process ends. After that time, they will be considered inactive and will be destroyed.



# TROOPER APPLICATION

**Name:** \_\_\_\_\_  
Last First Middle Maiden  
(if applicable)

**Permanent Address:** \_\_\_\_\_  
Street or Rural Route Apt. Number  
\_\_\_\_\_  
City State Zip County

**Telephone Numbers:** (Include area codes)

(Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Email Address: (Mandatory)** \_\_\_\_\_  
(An email address is mandatory to continue in the selection process. Future correspondence will be received via email)

Have you previously applied for a trooper's position? ☐ Yes ☐ No

If yes, indicate the years in which an application was submitted or the selection process number.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently an employee of the State of Indiana? ☐ Yes ☐ No

Have you previously been employed by the Indiana State Police? ☐ Yes ☐ No

If yes, indicate your PE number. \_\_\_\_\_

If you qualify and wish to be placed into the Lateral Academy selection process,  
check the appropriate box. ☐ Yes ☐ No

If you are interested in the Traditional Academy selection process, check the appropriate box. ☐ Yes ☐ No

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**  
COMPLYING WITH ALL PROVISIONS OF  
THE AMERICANS WITH DISABILITIES ACT.

## RELATIVES DISCLOSURE INFORMATION

In an effort to avoid nepotism during the interview process and in order to comply with Indiana State Police Standard Operating Procedures and Indiana Code 4-15-7-1, it is necessary that you notify us of all relatives who have or currently work for the Indiana State Police in the spaces provided below.

For purposes of this procedure, "relative" means father, mother, brother, sister, uncle, aunt, husband, wife, son, daughter, son-in-law, daughter-in-law, niece, or nephew as defined in Indiana Code 4-15-7-1.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Division/District Assigned: \_\_\_\_\_

Status of Employee: ☐ Active ☐ Disability ☐ Retired ☐ Resigned ☐ Discharged

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Division/District Assigned: \_\_\_\_\_

Status of Employee: ☐ Active ☐ Disability ☐ Retired ☐ Resigned ☐ Discharged

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Division/District Assigned: \_\_\_\_\_

Status of Employee: ☐ Active ☐ Disability ☐ Retired ☐ Resigned ☐ Discharged

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Division/District Assigned: \_\_\_\_\_

Status of Employee: ☐ Active ☐ Disability ☐ Retired ☐ Resigned ☐ Discharged

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## NO RELATIVES EMPLOYED WITH THE INDIANA STATE POLICE

I do not have any relatives who have or currently work for the Indiana State Police.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I. INITIAL REQUIREMENT DATA**

A. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Attach copy of birth certificate)

Sex: ☐ Female ☐ MaleRace: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ White☐ Other (Specify) \_\_\_\_\_B. Are you a U.S. citizen? ☐ Yes ☐ No

If no, explain on a separate sheet and attach documentation.

Social Security Number: \_\_\_\_\_

(For background clearance and payroll information, this number is required.  
The application **will not** be processed without it.)**II. EDUCATION DATA (Attach transcripts for all listed.)**

A. List information for high school and all accredited colleges/universities you have attended.

Name and Address of School	Course of Study	Number of Hours Completed	GPA on a 4.0 Scale	Did you Graduate?	List Diploma or Degree

B. Is your high school/college sending transcript(s)? ☐ Yes ☐ No (instead of being included in application)**III. LAW ENFORCEMENT EXPERIENCE** ☐ Yes ☐ No

A. Have you ever been employed as a sworn or merit police officer by a law enforcement agency?

☐ Yes ☐ No ☐ Full-Time ☐ Reserve / VolunteerDid you complete a state certified law enforcement academy? ☐ Yes ☐ No

If yes, list the date of completion, location and academy name.

Date law enforcement training was completed: \_\_\_\_\_

Did you receive a certification upon completion of training? ☐ Yes ☐ No

Number of basic training weeks: \_\_\_\_\_ Total training hours: \_\_\_\_\_

Agency	Dates		List Full Time or Reserve and Highest Rank Held	Reason for Leaving
	From	To		

B. Are you eligible for re-employment? ☐ Yes ☐ No If no, explain fully on a separate sheet.

C. List any specialty training you have received.

D. Were you ever disciplined? ☐ Yes ☐ No If yes, explain fully on a separate sheet.

#### IV. MILITARY HISTORY AND STATUS

A. Have you ever served in the military on active duty?

Include initial active duty training with the National Guard and the Reserves.

☐ Yes ☐ No **If yes, attach a copy of your DD214.**

Military Branch	Dates		Highest Rank Attained and Rank at Separation	Type of Discharge and Re-Enlistment Code
	From	To		

B. Are you eligible to re-enlist? ☐ Yes ☐ No If no, explain fully on a separate sheet.

C. Are you currently on active duty (full-time)? ☐ Yes ☐ No

What is your expected end-of-service obligation date? \_\_\_\_\_

D. List any citations and awards received.

\_\_\_\_\_  
\_\_\_\_\_

E. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty?

☐ Yes ☐ No If yes, explain fully on a separate sheet.

#### V. FAMILY DATA

A. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated

B. Spouse's Maiden Name (if applicable): \_\_\_\_\_

C. Dependents (if applicable):

Name	Age	Relationship

D. Are you legally required to make child support payments? ☐ Yes ☐ No

Are you current on child support payments? ☐ Yes ☐ No

If no, explain. \_\_\_\_\_

## VI. EMPLOYMENT DATA

- A. Have you ever been discharged from, or resigned to prevent being discharged, from a position of employment? ☐ Yes ☐ No If yes, explain fully on a separate sheet.
- B. List chronologically (beginning with the most recent employment) **all past and current employment including part-time.** (Use additional sheets if necessary.)

Name of Employer or Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code)

Name of Employer or Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code)

Name of Employer or Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code)

Name of Employer or Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code)

Name of Employer or Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code)

Name of Employer or Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code)

Name of Employer or Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code)

Name of Employer or Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code)

Name of Employer or Business: \_\_\_\_\_  
Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year  
Reason for Leaving: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code)

**VII. REFERENCES (Do not list relatives as references.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**List all residences during the last five years other than present.**

Street	City	State	Dates	
			From	To

**VIII. VEHICLE CRASH AND ARREST RECORD**A. Do you currently possess a valid drivers license? ☐ Yes ☐ No License State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ License Number: \_\_\_\_\_ License State: \_\_\_\_\_

Has your driver license ever been suspended/revoked? ☐ Yes ☐ No

If yes, what state(s). \_\_\_\_\_

Reason for the suspension(s). \_\_\_\_\_

B. List all vehicle crashes in which you have been involved as a driver (give date(s) and location(s).

Date	Location	Description

C. Have you ever received a ticket for a traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge	Fine or Sentence

D. Have you ever been arrested for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge	Fine or Sentence

E. Have you ever been convicted of a felony? ☐ Yes ☐ No  
If yes, explain on a separate sheet of paper.

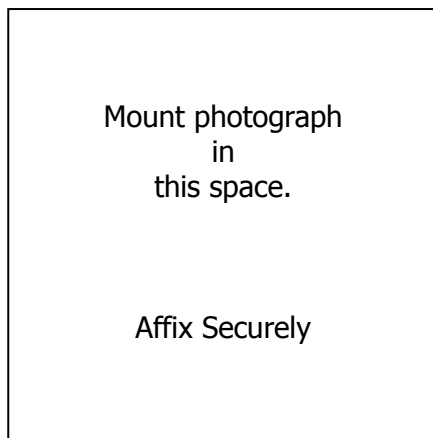
F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? ☐ Yes ☐ No If yes, describe below.

Date	Location	Charge/Offense	Disposition of Case

G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case?  
☐ Yes ☐ No If yes, explain fully on a separate sheet.

## IX. MISCELLANEOUS

- A. Do you own your own home? ☐ Yes ☐ No  
If yes, how much is current mortgage indebtedness? \_\_\_\_\_
- B. What is the amount of your indebtedness, other than home? \_\_\_\_\_
- C. Annual Income:      Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_
- D. Are you a proprietor or part owner of any business or firm?  
☐ Yes ☐ No If yes, describe nature of business.  
\_\_\_\_\_  
\_\_\_\_\_
- Is there any business license(s) in your name, (i.e., liquor license)? ☐ Yes ☐ No  
If yes, list the license(s).  
\_\_\_\_\_  
\_\_\_\_\_
- E. Do you currently possess a handgun permit? ☐ Yes ☐ No
- F. Have you ever been denied a handgun permit or had a handgun permit revoked? ☐ Yes ☐ No  
If yes, why? \_\_\_\_\_  
\_\_\_\_\_



Photograph to be front view, head and shoulders, 2½" square, and taken within the past six months.

**Other photographs are not acceptable.**

**I certify:**

- 1. All required items are included with this application.**
  - A. Birth Certificate (copy only)**
  - B. High School and, if applicable, college transcripts (grade reports are not accepted)**
  - C. Military - DD214 (if applicable), DD217 (if active duty)**
    - If active duty, letter of endorsement from military commander
    - Any supporting letters of commendations from military personnel file
    - Copies of specialized training certificates and awards
  - D. Previous law enforcement documentation**
    - Copy of law enforcement academy certificate
    - Copies of commendations and awards
  - E. Photograph - 2½" x 2½" head and shoulders**
  - F. Provide a copy of drivers license.**

I affirm all information contained in this application is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check application carefully - be certain all items are complete before mailing.

**All applicants selected for trooper will be required to sign a conditional offer of employment, obligating them to service with the department for a period of four years.**

**If you have any changes to the information you provided on your application, you are required to email these changes to the Human Resources Division immediately. Any contact with law enforcement must also be reported**

**This application will be returned to you if all information is not complete and all required documents are not attached.**

Mail to:  
Commander, Human Resources Division  
Indiana State Police  
IGCN, 100 N. Senate Ave., Room N340  
Indianapolis, IN 46204-2259  
Email [isprecruiting@isp.state.in.us](mailto:isprecruiting@isp.state.in.us)

**- An Equal Opportunity/Affirmative Action Employer -**  
*Complying with all provisions of the Americans with Disabilities Act*

# Indiana State Police

## Notification of Relatives

In an effort to avoid nepotism during the interview process and in order to comply with Indiana State Police Standard Operating Procedure HMR-001 and Indiana Code 4-15-7-1, it is necessary that you notify us of all relatives who have or currently work for the Indiana State Police in the spaces provided below.

For purposes of this procedure, "relative" means father, mother, brother, sister, uncle, aunt, husband, wife, son, daughter, son-in-law, daughter-in-law, niece, or nephew as defined in Indiana Code 4-15-7-1.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Division or District Assigned: \_\_\_\_\_

Status of Employee: Circle one: Active / Retired / Resigned or Discharged

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Division or District Assigned: \_\_\_\_\_

Status of Employee: Circle one: Active / Retired / Resigned or Discharged

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Division or District Assigned: \_\_\_\_\_

Status of Employee: Circle one: Active / Retired / Resigned or Discharged

### APPLICANTS SIGNATURE

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### APPLICANTS SIGNATURE IF NO RELATIVES EMPLOYED WITH THE INDIANA STATE POLICE

I do not have any relatives who have or currently work for the Indiana State Police.

Date: \_\_\_\_\_ Printed Name \_\_\_\_\_

Signature: \_\_\_\_\_

2006-091  
Clerk Typist

**POLICE APPLICATIONS – OTHER AGENCIES**

*Please check the one that applies*

\_\_\_ I do not have an application with any other law enforcement agencies.

\_\_\_ I have an application for a police position pending with the following law enforcement agencies:

Agency Name	City and State	Stage of the selection process

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Applicant Signature / Date

**POLICE APPLICATIONS – OTHER AGENCIES**

*Please check the one that applies*

\_\_\_ I do not have an application with any other law enforcement agencies.

\_\_\_ I have an application for a police position pending with the following law enforcement agencies:

Agency Name	City and State	Stage of the selection process

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Applicant Signature / Date

**INDIANA STATE POLICE**

**AUTHORIZATION TO RELEASE CREDIT HISTORY**

I, \_\_\_\_\_, hereby authorize the release of my credit history to the Indiana State Police Department.

I am aware that my credit history information will be used for employment purposes by the State Police. Before any adverse action is taken by the Indiana State Police as a result of a credit report issued by the Credit Reporting Agency, the Indiana State Police will provide:

A pre-adverse action disclosure that includes:

- 1) A copy of your consumer report
- 2) A copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

If adverse action is taken by the Indiana State Police, the Indiana State Police will provide you a notice that will include:

- 1) The name, address and phone number of the Credit Reporting Agency (CRA)
- 2) A statement that the CRA did not make the decision to take adverse action and cannot give specific reasons for it; and
- 3) A notice of your rights to dispute the accuracy or completeness of any information the CRA furnished, your right to a free consumer report from the CRA upon request within sixty (60) days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**INDIANA STATE POLICE**

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ (**Print clearly**), hereby authorize any person, agency, partnership or corporation having any information concerning my background (including any **tax** information), **educational record, criminal record, employment record, medical record, military record, or selective service record**, to release such information to the Indiana State Police Department. This information is to be used for possible employment with the State of Indiana and will not be available for public inspection. I authorize the Indiana State Police to release information as necessary to complete an investigation of my character and background for employment purposes.

I hereby release such person, agency, partnership or corporation from any liability which may be incurred in releasing this information to the Indiana State Police Department including liability under Federal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**INDIANA STATE POLICE**

**FAIR CREDIT REPORTING ACT**

**WRITTEN NOTIFICATION**

The purpose of this document is to provide you with written notification that the Indiana State Police may obtain a copy of your credit record for employment purposes. Prior to requesting a copy of your credit record, from a credit-reporting agency, we will obtain written authorization from you.

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Signature and Date